PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
Γ-/	STAL OLAIMS		(Column 1) (Column 1)			mn 2)	•	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			9					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20= *		* 6			X\$ 9=	·	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = x		6	0		X43=		OR	X86=		
ΜL	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* if	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	280	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=		X43=		OR	X86=		
<u> </u>	FIRST PRESE	ENTATION OF MI		PENDENT	CLAIM			+145=		OR	+290=		
	•						L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE]	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH		(Column 3)	г	3	ADDI-	l		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	Ī	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
. • .							L	TOTAL		L	TOTAL		
								ODIT. FEE	-	OR ,	ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_	_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	H	X43=			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\perp	740-		OR		-	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.							L	+145= ·		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF											TOTAL ODIT. FEE		
		ber Previously Paid					found	d in the ann	ropriate box	in coli	ımn 1.		